

**House Committee on Veterans Affairs
Subcommittee on Health**

Statement

by

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Department of Defense

Mr. Chairman, I appreciate the opportunity to appear before the Subcommittee on Health to report on the Department of Defense's continuing efforts related to the illnesses and undiagnosed physical symptoms of veterans of the Gulf War and to provide information on the status of some deployment health surveillance programs.

First, let me emphasize that the Department of Defense is committed to providing a world-class health care system for its servicemembers and their families. This commitment is especially strong today when our soldiers, sailors, airmen, Marines and Coast Guardsmen are deployed throughout the world in support of Operation Enduring Freedom and other contingencies. As America's sons and daughters serve and protect our nation, I recognize they may encounter unique challenges from operational or environmental conditions as well as from combat. The Gulf War and subsequent deployments to Somalia, Bosnia, and Kosovo provided the Department of Defense insights into the importance of deployment health protection. In response, we have changed processes, revised procedures, and invested heavily in research to develop more effective force health protection measures and equipment for our people; but our work continues. We are assessing and monitoring current deployments and are committed to provide for all who have health concerns related to deployments.

The experiences of the Gulf War focused our attention on traditional and non-traditional challenges to deployment health. Recognizing the seriousness of these challenges, the Department of Defense sought the assistance of the Institute of Medicine. In a comprehensive three-year study, titled "Strategies to Protect the Health of Deployed U.S. Forces," the Institute of Medicine validated the challenges facing us and recommended strategies to better protect the health of the forces in the future. We have addressed many of these challenges and continue now to build the broad and integrated systems that will enhance prevention of, accelerate surveillance for, and increase effectiveness of treatment for deployment-related illnesses and injuries.

In 2000, the Joint Staff created and established a vision for Force Health Protection to support Joint Vision 2020. This vision encompasses a set of health programs that provide an integrated and focused approach to protect and sustain the Department's most important resources—its servicemembers and their families. Force Health Protection is built on these pillars—promoting and sustaining a fit and healthy force, casualty prevention and casualty care and management. Based on lessons of the Gulf War and subsequent deployments, this vision takes a life-cycle, long-term approach to protecting the health of those who serve. However, this vision places its most intense focus on continuous improvement to the Military Health System's doctrine, organizations, people, equipment, and technology to support the readiness and effectiveness of the fighting forces when they deploy. It requires the monitoring and surveillance of threats and the forces in military operations, enhancing commanders' and servicemembers' awareness of threats before they affect the health of the force, and providing essential care of injured and ill in a theater as well as evacuation for definitive medical care. These key areas are being rapidly implemented in Afghanistan and in other deployments today. Health Affairs, the Joint Staff, combatant commanders, and the military services are indivisible partners within the Department of Defense in this effort.

The events of the Gulf War also caused the Department to take a hard look at occupational and environmental health surveillance issues with a focus on casualty prevention. To that goal, we have designated the U.S. Army Center for Health Promotion and Preventive Medicine as the Department's lead agency to provide a comprehensive environmental surveillance program that:

- Identifies risks for diseases and injuries for deployed forces;
- Identifies significant environmental and occupational hazards;
- Determines the impact of disease or non-battle injury (DNBI) on readiness;
- Provides support for commanders, policy makers, and others who can act to prevent diseases and injury; and
- Monitors the effectiveness of prevention strategies and programs.

Another area where we focused attention was medical logistics. Before the Gulf War, the depot system was the primary means of obtaining medical supplies. Since then, the Department has observed tremendous improvement through the implementation of the tri-service Defense Medical Logistics Standard Support system, which standardizes numerous medical logistics systems used by the Services' medical departments. This system improves support to deployed forces and maximizes cost savings by taking advantage of business practices of the commercial community. As a result, today, the Department is better prepared to meet the medical materiel requirements of deployed forces.

Issues and concerns from the Gulf War remain and we intend to continue our vigorous efforts to address and resolve these issues. We are equally committed to

broaden those efforts to include issues and concerns arising from current and future deployments. Dr. Winkenwerder takes seriously his role as the Special Assistant for Gulf War Illnesses, Medical Readiness, and Military Deployments and has begun to focus on deployment health issues as they affect the entire Military Health System.

Dr. Winkenwerder, as the Assistant Secretary of Defense for Health Affairs, has aligned the former staff of the Office of the Special Assistant into a Deployment Health Support Directorate, which will continue to provide support and outreach to all those with issues associated with any deployment. Through my office, that directorate, in cooperation with the Joint Staff and the military services, will provide critical assessments of deployment health-related processes and issues. As a result, we can more closely monitor force deployment health protection issues. Improving the adequacy of environmental surveillance, completeness of individual medical records, and implementation of other lessons learned will allow the Military Health System to be responsive to the health concerns of our servicemembers, veterans, and their families.

One area in which we continue to advocate the health concerns of servicemembers and veterans is through our support of medical research. As you may know, Health Affairs and the Deputy Under Secretary of Defense for Science and Technology participate on behalf of the Department on the interagency Research Working Group of the Military Veterans' Health Coordinating Board. The Research Working Group facilitates coordination and collaboration of research among the Departments of Defense, Veterans Affairs, and Health and Human Services. I believe the veterans are best served by following accepted scientific processes for selection and funding of medical research. We are committed to investigating the possible causes of illnesses and treatments for medically unexplained physical symptoms that are affecting veterans.

We have begun research on the health of military personnel over their entire careers and beyond. A prospective study of U.S. military forces, called the Millennium Cohort Study, responds to the need for a longitudinal study to assess the health impact of major elements of military service, especially deployments and their associated risks. This study also responds to recommendations from Congress and the Institute of Medicine to systematically collect population-based demographic and health data to evaluate the health of servicemembers throughout their military careers and after leaving military service. This study will eventually use a cross-sectional sample of over 140,000 military personnel who will be followed prospectively every three years over a 21-year period through 2022.

Additionally, in response to veteran concerns and congressional direction, we have established three centers focused on deployment health issues. These centers provide research, medical surveillance, and clinical care services. For example, the Center for Deployment Health Research in San Diego has established a DoD birth defects registry and monitors reproductive outcomes among all military families, including those

of personnel who have deployed. All three centers work closely with their VA counterparts—two centers for the study of war-related illnesses.

The Department also has taken steps to ensure that we deploy fit and healthy military personnel, that we monitor their health while they are deployed, and that we assess their health when they return. The Center for Deployment Health Surveillance at Walter Reed Army Medical Center in Washington D.C. is our key to tracking and analyzing these deployment health data. Our policy and practice is to assess potential health threats in areas of deployment and minimize such threats where feasible. All of these principles are incorporated in DoD policy letters and directives and into a policy memorandum of the Joint Staff. The combatant commanders and their component commands, through the extensive professional efforts of the military services' medical departments, execute these policies and directives in the field.

Because we are concerned about the health of veterans, both during their military service and after they have left active duty, we work closely with the Department of Veterans Affairs initiating procedures and programs to facilitate the smooth transition of servicemembers' records to the VA.

As documented for Gulf War veterans, the majority of ailments found in deployment participants have been medical conditions seen commonly in other military, veteran, and civilian outpatient populations. The Deployment Health Clinical Center at Walter Reed Army Medical Center, in cooperation with the Department of Veterans Affairs, has developed and tested a patient-oriented, evidence-based clinical practice guideline to aid primary caregivers in the assessment of illnesses that occur after deployments. Implementation of this guideline will begin next month. My expectation is that all beneficiaries who have been involved with deployments – including families of deployed servicemembers – will receive health care that is fully responsive to any special health issues that arise after deployments. I believe this clinical practice guideline will foster an important partnership between the individual with the health concern and the caregiver who directs individualized treatment for better continuity of care.

In addition, the Department continues to work towards fielding medical information systems to provide complete patient health records electronically, including all immunizations. Such systems will greatly facilitate the preservation of individual health records, epidemiological studies of military health, and transfer of health records to the Department of Veterans Affairs.

We will continue our close collaboration with the VA to improve medical service to our veterans. In addition to the clinical practice guideline, we have instituted common separation medical examinations, which efficiently serve the needs of veterans, the DoD, and the VA. Another result of the DoD-VA partnership is "FEDS HEAL." This program establishes a network that links the provider resources of the VA and the Department of Health and Human Services Division of Federal Occupational Health to furnish physical

examination, immunization, dental screening, designated dental treatment, and other specified diagnostic services to units and individuals in the National Guard and Reserve components. I fully expect additional successes from our continuing collaboration with the VA.

In conclusion, based on observations during our visits to operational units of the Department of Defense, we believe the military health services are totally committed to ensuring the health of our military forces, and we are committed to doing everything in our power to provide a world-class health care system for our servicemembers, veterans, and their families.